

MDR Tracking Number: M4-03-5460-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 95861-26-27, 95900-26-27, 95920-26-27.

II. FINDINGS & RATIONALE

The respondent denied reimbursement based upon, “A – Preauthorization required but not requested.”

The requestor noted on the TWCC-60 that, “Appealed with 134.401. This was a surgical admission and these services were performed during an authorized spinal surgery. The surgery pre-auth was CB181544A.”

Rule 134.600(h)(1) requires preauthorization for “inpatient hospital admissions including the principal scheduled procedure(s) and the length of stay.”

Rule 134.600(h)(3) requires preauthorization for “spinal surgery; as provided by Texas Labor Code §408.026.”

Rule 134.600(h)(8) requires preauthorization for “unless otherwise specified, repeat individual diagnostic study, with a fee established in the current Medical Fee Guideline of greater than \$350 or documentation of procedure (DOP).”

The procedure performed was “Intraoperative Pedicle Screw Stimulation Study, EMG, and Motor Nerve Conduction Study.”

Intra-operative monitoring is performed during surgical procedures. The surgical procedure, posterior fusion, was preauthorized. The intra-operative monitoring was appropriate and does not require preauthorization.

The requestor performed EMG and NCV testing in conjunction with the intra-operative monitoring. The requestor did not provide an EMG and NCV report to support a separate identifiable service, to support billing separately. If these procedures were performed separately and were repeat diagnostic with a fee greater than \$350.00 would require preauthorization. A preauthorization approval report for 95900 and 95861 was not submitted. No reimbursement is recommended for these procedures.

The MFG defines 95920 as “Intraoperative neurophysiology testing, per hour” with a MAR of \$264.00. The requestor provided Intraoperative monitoring log that indicates procedure performed at 1202 and ended at 1321, which equals 1 hour and 19 minutes = 1 ½ hrs. Reimbursement of \$396.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (95920) in the amount of **\$396.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$396.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division